

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/56408

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1					51	(1)					
2		1					52	(1)					
3		2					53	(1)					
4		(1)					54	(1)					
5		(1)					55	(1)					
6		(1)					56	(1)					
7		(1)					57	(1)					
8		(1)					58	(1)					
9	1						59	(1)					
10		1					60	(1)					
11		2					61	(1)					
12		(1)					62	(1)					
13		(1)					63	(1)					
14		(1)					64	(1)					
15		(1)					65	(1)					
16		(1)					66	(1)					
17		(1)					67	(1)					
18		(1)					68	(1)					
19		(1)					69	(1)					
20		(1)					70	(1)					
21		(1)					71	(1)					
22		(1)					72	(1)					
23		(1)					73	(1)					
24		(1)					74						
25		(1)					75						
26		(1)					76						
27		(1)					77						
28		(1)					78						
29		(1)					79						
30		(1)					80						
31		(1)					81						
32		(1)					82						
33		(1)					83						
34		(1)					84						
35		(1)					85						
36		(1)					86						
37		(1)					87						
38		(1)					88						
39		(1)					89						
40		(1)					90						
41		(1)					91						
42		(1)					92						
43		(1)					93						
44		(1)					94						
45		(1)					95						
46		(1)					96						
47		(1)					97						
48		(1)					98						
49		(1)					99						
50		(1)					100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													